

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**PLACE OF BIRTH**  
County of Globe  
District of Globe  
Town of Globe

State Index No. 159  
Co. Register No. 363  
Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**NAME OF CHILD** Theodore Zimmerman Born ☒ YES  
Alive ☒ ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

of <u>7M.</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 18</u> 191 <u>8</u> Month (Day) (Yr.)
<b>FATHER</b> Name <u>Fred Charles Zimmerman</u> Residence <u>Globe, Arizona</u> Age at last Birthday <u>29</u> (Years) Place of Birth <u>Globe, Arizona</u> Occupation <u>Pharmacist</u>			<b>MOTHER</b> Full Maiden Name <u>Buelah Gladys Shinn</u> Residence <u>Globe, Arizona</u> Color or Race <u>W.</u> Age at last Birthday <u>23</u> (Years) Place of Birth <u>Kansas City, Mo.</u> Occupation <u>House wife</u>		

Number of children of this mother... 3 Number of children, of this mother, now living... 3 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on July 18 1918, at 11:00 P.M.

\*When there is no attending physician or midwife, then the householder could make this return.

(Signature) Chas. Adams  
(Attending physician, midwife, householder)

Address Globe, Arizona

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

395-718-225  
COUNTY REGISTRAR.

Filed July 20 1918  
A True Copy  
Filed Aug 6 1918  
LOCAL REGISTRAR.  
COUNTY REGISTRAR.